



PTO/SB/31 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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*AF*  
*thu***NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES**Docket Number (Optional)  
14445US02

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on March 26, 2009.

Signature /Michael T. Cruz/Typed or printed name Michael T. Cruz, Reg. No. 44,636In re Application of  
Jeyhan Karaoguz et al.Application Number  
10/675,090Filed  
September 30, 2003

For TELEVISION PROVIDING INDICATIONS RELATING TO NON-BROADCAST INFORMATION WHEN IN INACTIVE MODE

Art Unit  
2427 Examiner  
Langhnoja, Kunal N.

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 540

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$       

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 13-0017. I have enclosed a duplicate copy of this sheet.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

/Michael T. Cruz/

Signature

 applicant/inventor.Michael T. Cruz, Reg. No. 44,636

Typed or printed name

 assignee of record of the entire interest.See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96) attorney or agent of record.312-775-8000

Telephone number

Registration number 44,636. attorney or agent acting under 37 CFR 1.34.Registration number if acting under 37 CFR 1.34.       March 26, 2009

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*. \*Total of one (1) form is submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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03/30/2009 HVU0NB1 00000019 130017 10675090

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/675,090

Filing Date

September 30, 2003

First Named Inventor

Jeyhan Karaoguz

Art Unit

2427

Examiner Name

Langhnoja, Kunal N.

Attorney Docket Number

14445US02

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate)  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal, 1 page, in duplicate)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Return-Receipt Postcard  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature	/Michael T. Cruz/		
Printed Name	Michael T. Cruz, Reg. No. 44,636		
Date	March 26, 2009		

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 26, 2009

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	/Michael T. Cruz/		Date
			March 26, 2009

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Effective on 12/08/2004

Fees Pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**for FY 2009**

MAR 30 2009

PTO

TRADE

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 540)

<b>Complete If Known</b>	
Application Number	10/675,090
Filing Date	September 30, 2003
First Named Inventor	Jeyhan Karaoguz
Examiner Name	Langhnoja, Kunal N.
Art Unit	2427
Attorney Docket No.	14445US02

METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

<input checked="" type="checkbox"/> Charge Fee(s) indicated below	<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s)	<input checked="" type="checkbox"/> Credit any overpayments
under 37 CFR 1.16 and 1.17	

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid(\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity Fee(\$)</b>	<b>Fee(\$)</b>	<b>Small Entity Fee(\$)</b>	<b>Fee(\$)</b>	<b>Small Entity Fee(\$)</b>	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
				<b>Fee</b>	<b>Fee Paid (\$)</b>
-20 or HP	x	=	_____	50	25
HP = highest number of total claims paid for, if greater than 20				210	105
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>	<b>Fee Paid (\$)</b>		
-3 or HP	x	=	_____	370	185
HP = highest number of independent claims paid for, if greater than 3					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee(\$)</b>	<b>Fee Paid(\$)</b>
-100	/50	(round up to a whole number)	x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

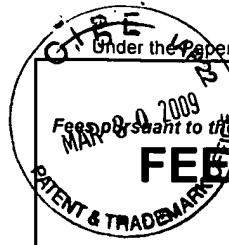
Other (e.g., late filing surcharge): Notice of Appeal (\$540) \_\_\_\_\_ \$540

**SUBMITTED BY**

Signature	/Michael T. Cruz/	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz		Date	March 26, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## for FY 2009

## Complete If Known

		Application Number	10/675,090	
		Filing Date	September 30, 2003	
		First Named Inventor	Jeyhan Karaoguz	
		Examiner Name	Langhnoja, Kunal N.	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2427	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		540	Attorney Docket No.	14445US02

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

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	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
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Name (print/type)	Michael T. Cruz		Date	March 26, 2009	

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I am the

/Michael T. Cruz/

Signature

 applicant/inventor.Michael T. Cruz, Reg. No. 44,636

Typed or printed name

 assignee of record of the entire interest.

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(Form PTO/SB/96)

 attorney or agent of record.312-775-8000

Telephone number

Registration number 44,636. attorney or agent acting under 37 CFR 1.34.Registration number if acting under 37 CFR 1.34. \_\_\_\_\_March 26, 2009

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